



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**

For filing with Ecology or with County Conservancy Boards

A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.)

- ☒ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

FOR OFFICE USE ONLY

CHANGE No. 62-00228 WRIA 27

DATE ACCEPTED 4/11/05 BY SC

FEE \$ ✓ REC'D 4/11/05

CHECK No. _____

SEPA: Ⓢ Exempt Ⓢ Not exempt

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME City of Woodland	PHONE NO. (360) 225-7999	FAX NO. (360) 225-7336
ADDRESS P O Box 9 – 230 Davidson Avenue		
CITY Woodland	STATE WA	ZIP CODE 98674

CONTACT NAME (IF DIFFERENT FROM ABOVE) Rob VanderZanden	PHONE NO. (360) 225-7999	FAX NO. (360) 225-7999
ADDRESS P O Box 9 – 230 Davidson Avenue		
CITY Woodland	STATE WA	ZIP CODE 98674

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER G2-00228C	RECORDED NAME(S) Lyle H. Bozarth
DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: Dale Boon	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

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APP. NO. 11771 PERMIT NO. 62-00228 CERT. NO. 6200228 CERT. OF CHANGE NO. 62-00228

REET 4/20/05 date

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Ground Water Well	1	NW	NW	18	5N	1E	508080100	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
City of Woodland Well	1	SW	SW	18	5N	1E	5056401	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
EXISTING: ☐ YES ☒ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Agriculture/Irrigation	800 gpm	196.4	May 1 to Oct 31

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal	800	196.4	Year Round

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Agricultural land as noted on certificate (see attached).							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		7 & 18	5N	1E	Cowlitz	50636,508080100, 50706,508070100, 508060100	80
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Service area – City of Woodland water system.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

See attached letter.

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Bobt A VanderZanden
(Applicant)

4 | 5 | 05
(Date)

Dale M Boon
(Water Right Holder)

4 | 5 | 05
(Date)

Same as Water Right Holder
(Land Owner(s) of Existing Place of Use)

1 | 1 |
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED
- ☐ MAP NOT INCLUDED or INCOMPLETE
- ☐ ADDITIONAL SIGNATURES REQUIRED
- ☐ SECTION _____ IS INCOMPLETE
- ☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____